THE HEALTH OF INCARCERATED WOMEN

Briefing Report, Winter 2015

About this Brief

This brief was compiled using excerpts from the 36-page research-based publication *Healthy Generations*, Incarceration and Public Health, produced by the Center for Education Leadership in Maternal and Child Public Health at the University of Minnesota. For the full report, visit: www.epi.umn.edu/mch/wp-content/uploads/HG2015-Winter.pdf.

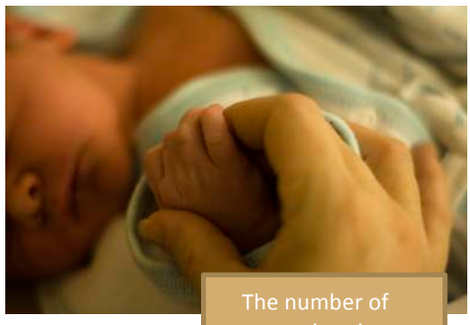
Adult Incarceration in the United States

The US maintains the highest incarceration rate in the world.[1] **About 1 in 35 US adults are involved in corrections (parole, jail, prison).**[2, 3] The incarcerated population is especially socially, physically, and mentally vulnerable.[4] They are disproportionately non-white and likely to be arrested again.[3, 5, 6]

Health of Incarcerated Individuals

Data for state, federal and jail inmates show that:[7]

- 30-50% had received public assistance while growing up;
- 5-10% were homeless before incarceration;
- Two-thirds to three-quarters were unemployed in the month before arrest;
- 10-25% had histories of physical or sexual abuse;
- 6-18% had lived in foster homes as children; and
- 20-40% experienced abuse from a parent or guardian as a child.



The number of women in prison increased by **646%** between 1980 and 2013, rising from 15,118 to 111,287.[3]

Incarcerated Mothers and Pregnant Women

- **Incarcerated women are disproportionately non-white, impoverished, and poorly educated.**[8-12] Compared to the general population of US women, they are also more likely to have experienced chronic medical illness, poor mental health, and exposure to violence.[13,14,15]
- **74% of incarcerated women are of reproductive age[3] and 62% of imprisoned women are parents.**[16]
- **An estimated 3-5% of incarcerated US women are pregnant at intake**[13] and some will give birth while incarcerated.
- **Incarcerated women may not receive adequate prenatal care.** Despite national recommendations for their care, a national survey of 19 state correctional facilities found inconsistent health practices for pregnant women across facilities.[17]
- **Only 54% of incarcerated pregnant women received pregnancy-related care in 2004.**[13] Incarcerated women often have high-risk pregnancies[14] and the absence of, or delay in, care could threaten the health of both the woman and her fetus.[18]

Minnesota Legislation

SF2423/HF2833 is Minnesota's first law to consider the unique needs of incarcerated pregnant and postpartum women. It specifically addresses the use of restraints with pregnant and postpartum women and establishes standards of care for women incarcerated beyond their initial court appearance. The bill mandated the creation of an advisory committee to review the existing correctional standards for incarcerated pregnant and postpartum women and make recommendations for the 2015/2016 legislative session.[19]

State Programming: Care Options for Pregnant Women and Their Children

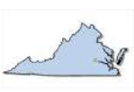
Pregnancy and Parenting Support for Women in Prison

Isis Rising provides a 12-week pregnancy and parenting support group and doula care to inmates at the Minnesota Correctional Facility-Shakopee.[20] Of the 39 women who delivered with doula support between July 2011 and June 2014, all delivered single infants and only four (10%) were via cesarean delivery. None of the infants had low birth weight or were delivered preterm. *These initial results are better than Minnesota birth outcome data for the general population, even though incarcerated women are at disproportionate disadvantage.*

Prison Nursery Co-residence and Re-entry

Infants co-reside with their mothers from birth up to 18 months in the New York State Department of Correctional Services' prison nursery.[21] Researchers evaluated the outcomes of 97 mothers and 100 infants participating in the nursery.[22] Mothers showed higher levels of parenting proficiency and raised securely attached infants that met developmental milestones when tested between 3 to 24 months.[22] *Only 10% of the mothers violated parole and none of the mothers had new court convictions.*[22]

Nutrition and Pregnancy Knowledge



Since 2012, 170 pregnant women in Virginia jails have participated in this prenatal and postpartum counseling and support intervention while in jail and following release.[23] During pre-counseling and intake, participants did significantly worse than women from the community on a nutrition and pregnancy test but performed as well as community peers at post-counseling. Over time spent in the program,

→

women's depressive symptoms decreased. Infants' birth weights were similar compared to all newborns in Virginia and over half (55%) of the women breastfed.

OTHER POLICY CONSIDERATIONS

Use of Restraints on Incarcerated Women

The use of physical of physical and mechanical restraints on pregnant, laboring, and postpartum women presents health and safety risks to women and their fetuses. One form of restraint, shackling, involves restricting one's movement by securing shackles or handcuffs around the ankles or wrists, or heavy chains around the stomach. If shackling is used during labor it could prohibit a woman's ability to reposition and reducing blood flow to the feturs.[18]

Mandatory Pregnancy Testing

Some jurisdictions have considered mandating pregnancy testing. From the healthcare perspective, early identification of pregnancy is important for maternal and fetal health. From a privacy perspective, pregnancy testing is an intimate matter and should be left to the woman to decide if and when she takes a test. From a legal perspective, forcing a woman to undergo pregnancy testing could violate her constitutional rights.

Balancing Security, Safety, and Health Care

There are disparate resources and differences in care for incarcerated women in Minnesota's 84 county jails and one state prison. As a result, professionals working to improve conditions for pregnant incarcerated mothers face challenges related to:

- *Continuity of Care:* Prior to – and after – their release, many incarcerated women are underinsured or uninsured without established health provider relationships. With fewer public health agencies providing health care in correctional settings, women are not always getting necessary referrals while they are in jail.
- *Safety:* In providing services to mothers, corrections staff have to adhere to many rules and follow many procedures to keep incarcerated individuals and others safe.
- *Staffing:* Jails and prisons have varying levels of correctional health staffing due to jail size and budgets, making follow-up with pregnant individuals, and/or offering pregnancy testing, challenging. Knowing a woman is pregnant can help her access proper nutrition and medical services while incarcerated.
- *Substance Withdrawal:* Withdrawal can increase the risk of spontaneous abortion, miscarriage, and preterm labor, so early screening for chemical use and pregnancy is critical. In a jail setting, it can be difficult for addicted women to get therapeutic access to methadone unless it has previously been prescribed.

References

1. Travis J, Western B, Redburn S. The growth of incarceration in the United States: exploring causes and consequences [Internet]. Washington, DC: National Academies Press; 2014. 464 p. Available from: http://www.nap.edu/catalog/18613/the-growth-ofincarceration-in-the-united-states-exploring-causes
2. Glaze LE, Herberman EJ. Correctional populations in the United States, 2012 [Internet]. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. December 2013. 13 p. NCJ 243936. Available from: http://www.bjs.gov/content/pub/pdf/cpus12.pdf
3. Carson EA. Prisoners in 2013. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics September 2014 [Internet]. 32 p. NCJ 247282. Available from: http://www.bjs.gov/content/pub/pdf/p13.pdf
4. Currie E. Crime and punishment in America. New York: Picador; 2013. 208 p.
5. Minton TD, Golinelli D. Jail inmates at midyear 2013 - statistical tables (Revised). US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. May 2014 [Internet]. 16 p. NCJ 245350. Available from: http://www.bjs.gov/content/pub/pdf/jim13st.pdf
6. Durose MR, Cooper AD, Snyder HN. Recidivism of prisoners released in 30states in 2005: patterns from 2005-2010. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. April 2014 [Internet]. 31p NCJ 244205. Available from: http:///www.bjs.gov/content/pub/pdf/rprts05p0510.pdf
7. James DJ, Glaze LE. Mental health problems of prisons and jail inmates [Internet]. Bureau of Justice Statistics. September 2006. 12 p. NCJ 213600. Available from: http://www.bjs.gov/content/pub/pdf/mhppji.pdf
8. Fogel CI, Belyea M. Psychological risk factors in pregnant inmates. A challenge for nursing. MCN Mm J Master Child Nurs 2001; 26(1):10-6.
9. McDaniels-Wilson C, Belknapp J. The extensive sexual violation and sexual abuse histories of incarcerated women. Violence Against Women 2008;14(10):1090-1127.
10. Raj A, Rose J, Decker MR, et al. Prevalence and patterns of sexual assault across the lifespan among incarcerated women. Violence Against Women 2008;14(5):528-541.
11. Luke KP. Mitigating the ill effects of maternal incarceration on women in prison and their children. Child Welfare 2002;81(6):929-48.
12. Owen B. In the mix, struggle and survival in a woman's prison. Albany, NY: State University of New York Press. 1998.
13. Maruschak LM. Medical problems of prisoners. Bureau of Justice Statistics [Internet]. 2008. 27 p. Available from: http://www.bjs.gov/content/pub/pdf/mpp.pdf
14. Hotelling BA. Perinatal needs of pregnant, incarcerated women. J Perinat Educ 2008;17(2):37-44
15. Maruschak LM. Medical problem of jail inmates. Bureau of Justice Statistics [Internet]. November 2006. 9 p. NCJ 210696. Available from: http://www.bjs.gov/content/pub/pdf/mpji.pdf
16. Glaze LE, Maruschak LM. Parents in prison and their minor children [Internet]. Bureau of Justice Statistics. 2010. Available from: http://www.bjs.gov/content/pub/pdf/pptmc.pdf
17. Ferszt GG, Clarke JG. Health care of pregnant women in US state prisons. J Health Care Poor Underserved 2012; 23(2):557-569.
18. American Congress of Obstetricians and Gynecologist. Committee of Health Care for Underserved Women. Health care for pregnant and postpartum incarcerated women and adolescent females. November 2011. Available from: http://acog.org/Resources-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females
19. State of Minnesota. The Office of the Revisor. Available from https://www.revisor.mn.gov/bills/bill.php?b=House&f=HF2833&ssn=0&y=2013
20. Isis Rising Prison Doula Program. Available from: http://prisondoulas.blogspot.com/
21. Byrne, MW. Conducting research as a visiting scientist in a women's prison. J Prof Nurs. 2005;21 (4):223-30
22. Byrne, MW. Interventions within prison nurseries. In: Eddy JM, Poehlmann J. Children of incarcerated parents, a handbook for researchers and practitioners. Washington, DC: Urban Institute Press; 2010: 161-187.
23. The William & Mary Healthy Beginnings Project. Available from: http://www.wm.edu/as/programs/healthy_beginnings/

Photo Credit: Holding Hands With a Newborn Baby. By Bridget Coila, https://www.fickr.com/photos/bibbit/6091832360. Creative commons attribution license information at: https://creativecommons.org/licenses/by/2.0.

The Center for Leadership Education in Maternal and Child Public Health is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T76MC00005 for Leadership Education in Maternal and Child Public Health in the amount of $1.7 million. This information or content and conclusions of our outreach products are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Research reported in this publication was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health (NIH) Award Number UL1TR000114. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

THE CENTER FOR LEADERSHIP EDUCATION IN MATERNAL & CHILD PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

www.epi.umn.edu/mch | mch@umn.edu